

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO. 09/622184 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2	/		/				52				
3	/		/				53				
4	/		/				54				
5	/		/				55				
6	2		2				56				
7	3		2				57				
8	3		2				58				
9	3		1				59				
10	1		5				60				
11	3		3				61				
12	3		3				62				
13	3		3				63				
14	3		3				64				
15	3		3				65				
16	3		3				66				
17	3		3				67				
18	3		3				68				
19	3		3				69				
20	3		3				70				
21	3		3				71				
22	3		2				72				
23	3		3				73				
24	3		3				74				
25	3		3				75				
26	3		3				76				
27	3		3				77				
28	3		3				78				
29	3		3				79				
30	3		3				80				
31	3		3				81				
32	3		3				82				
33	3		3				83				
34	3		3				84				
35	/		1				85				
36			1				86				
37			1				87				
38			1				88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	L'		4				TOTAL IND.				
TOTAL DEP.	87	↔	89	↔			TOTAL DEP.				
TOTAL CLAIMS	88	↔	93	↔			TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS